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ABSTRACT

The process and content of the life review should not be separated from the creation of an oral history. Several projects, undertaken at the University of Louisville Oral History Center, support the therapeutic aspects of reminiscence. The dichotomy between oral history, as an historical database, and life review, as a therapeutic exercise, breaks down in actual practice. Each exercise contributes to the others' function. In the 31 oral histories taken at the Louisville Courier Journal and the 44 oral histories taken at the Louisville and Nashville Railroad, both individual and group life reviews were at work. The participants reviewed their own life cycles and the life cycle of their employing companies. In both oral history and life review, the process and product can be useful to historians and gerontologists. (BL)

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ACADEMIC ORAL HISTORY: LIFE REVIEW IN SPITE OF ITSELF

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ACADEMIC ORAL HISTORY: LIFE REVIEW IN SPITE OF ITSELF

The author is an historian who works extensively in oral history, both in a traditional academic context and in gerontological settings. This paper draws upon a number of academic oral history projects he conducted. Two of those involved important institutions, the Louisville and Nashville Railroad and the Louisville Courier-Journal and Louisville Times newspapers.

A sample of long-term employees of the two corporations were interviewed, and the results of those interviews provide the principal data for this study, although other projects at the University of Louisville and elsewhere seem to supply additional examples of similar experiences. While the primary aim of such projects is to create an historical data base, and while therapeutic concerns (sometimes understood) are purposefully neglected, nevertheless the process of the life review occurs.

Thus, the author concludes that oral history and the life review cannot be separated. The result is that both oral historians and those in gerontology must recognize this fact. Only then can useful historical data bases from gerontological projects be identified while at the same time historical projects avoid neglecting the positive effects of the life review or generating negative impact.

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ACADEMIC ORAL HISTORY: LIFE REVIEW IN SPITE OF ITSELF

In scholarship as in many other areas of activity, dichotomization--while useful for some purposes--also serves to establish false distinctions. From the start, then, we should note that the concept of the life review need not be alien to the process of oral history, no matter who is involved (even academics). Having said this, however, we must also admit that much oral history is conducted by historians, and that as a group historians tend to distinguish (no matter how erroneously or unfortunately) between their work and similar work done by those in other academic disciplines--never mind the non-academics who stray into "our" territory. The primary argument of this paper is that, whatever be the attitude and training of those involved in the conduct of oral history interviews, the process and concept of the life review cannot be divorced from the creation of an oral history.

The author is an historian who has conducted numerous oral history projects in the Louisville, Kentucky, area, including those with the Black and Jewish communities, the Louisville and Nashville Railroad (L&N), and the Louisville Courier-Journal and Louisville Times newspapers. He has also advocated--in print, workshops, and projects--the use of oral history in gerontology. He has been concerned with the implications--positive

and negative--of the life review. And he has pointed out that often academic oral historians (from the areas of history, libraries, and archives in particular) explicitly or implicitly neglect the the interrelationship of oral history and gerontology.[1]

Although the University of Louisville Oral History Center has undertaken some work with "therapy" as a primary goal, our major projects have been oriented toward historical research with the twin objectives of answering particular historical questions of immediate importance to us and providing a general historical data base to be used in conjunction with other types of records, at our institution and elsewhere. For the most part, direct concern about the therapeutic benefits (or disadvantages) of oral history has been limited even though we are aware of some of the literature concerned with these implications.[2]

In analyzing the materials obtained from our projects (and from those of others), it has become increasingly more apparent that whether or not one faces the issue directly and consciously, still <u>it is difficult if not impossible to separate much of our oral history from the concept of the life review and from the resultant issue of the therapeutic and non-therapeutic aspects of reminiscence</u>.

Probably this should not be surprising. Both historians and those in various fields of health care have at times attempted to distinguish among types of reminiscence, and among the oral history, reminiscence, and life history approaches. Not all

scholars are equally comfortable with these distinctions, and it is not possible to deal with these issues in detail in this presentation. Certainly, however, a primary dichotomy that is often suggested is that the principal purpose of oral history is to establish an historical data base while the principal purpose of the life review is to provide a therapeutic exercise. Like most dichotomies, it is not really incorrect, but it does fail to deal with the problem adequately.[3]

While it is true that oral history as practiced by historians aims primarily at the creation of historical records, it is also true that the process of obtaining oral history has the same potential for beneficial or harmful effects as does the therapeutically oriented life review. And while life reviews may often have therapeutic goals, there is the potential to create useful historical data bases in the process. Not only this, but certain misconceptions (or perhaps biases) slip into such categorizations. Oral historians often point out that while oral history need not (perhaps even should not) be done with older people alone, in practice most is done with those over the age of sixty. Thus, life review goals may be relevant. But life review, like oral history, need not (or should not) be confined to those over sixty. It can (and does) occur with those of other ages even if it most often happens--as some suggest--with those over the age of sixty.[4]

Also, distinctions are often made (and correctly in some instances) between clincial and nonclinical settings. Few

academic oral historians work in clinical settings, and few clinicians devote much time to "pure" historical research. But it does not follow that historians never interview those who would profit from a clinical approach. Nor does it follow that all life review is done clinically (with "sick" people) and thus has no relevance for the establishment of an historical data base. Thus, while it may be useful to distinguish the purposes of the historian doing an interview from those of the gerontologist engaged in the same activity, it does not follow that such distinction as to purpose negates the interrelationship of the methods employed or the mutual usefulness of the data bases generated.

In the course of studying the tapes and transcripts of interviews at the University of Louisville (and this seems true of those in similar projects elsewhere), it becomes obvious that the life review is at work. There is a life review for each individual involved and also a group life review in terms of the collective experiences of the larger sample, such as the L&N "family" or the CJ-Times "family." In the newspaper project, 31 employees were interviewed. Their length of service rangedfrom 6 to 55 years, but the median was 35 years; the mean 32.74 years. The age range at time of interview was from 38 to 79 years, with a median of 66 years and a mean of 63.9 years. In the case of the L&N, 44 employees were interviewed. The average length of service was from 4 years to 60 years, with a median of 36 years and a mean of 36.08 years. The age range was from 40 to 86 years, with a median of 67 years and a mean of 67.9. In both of these projects, workers not only reviewed their own

life cycles but also the life cycle of their employing company. They form a collective entity or "family" in the context of the life review. Indeed, businesses often cultivate such an image, as has the L&N where many employees belong to a multi-generational group that has worked for the railroad--grandparents, parents, children (and brothers, sisters, cousins in the same generation).[3]

It is not possible--nor necessarily profitable--in a relatively brief presentation to quote extensively from or play significant parts of the many interview tapes involved in these projects. Certainly, however, the experience described is not unique to these projects any more than it is to any selected individual life history.

The primary point is not to argue to historians that--at least in oral history--they must do life review work in place of (or even along with) the creation of historical data bases. Nor is it to argue to those in gerontology that they must see only history in oral history and forget the implications of life review and therapy. It is rather to argue that whatever be the training of those involved, and whatever be the primary goal of the interviews undertaken, the interaction of life review with oral history cannot be escaped nor ignored. It will occur. And the resultant materials will be available as sources, for whatever use those studying them determine. What is important is that the materials not be neglected, and both process and product be as good and as rewarding and useful

as possible.

For historians this means that they should not neglect the results of "non-historical" oral histories when looking for historical data, and that they should at least understand the concept and implications of the life review. For gerontologists this means that they must realize that some of their materials are of value for historical purposes, and that many oral historians are involved in gerontological work (realize it or not). To the extent this awareness takes place, the first steps will have been taken toward a better understanding of our history and a greater protection for the welfare of those who are providing the materials which make that better understanding possible.

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NOTES

1. The author is Associate Professor of History and Co-director, Oral History Center/Archives at the University of Louisville. All projects referred to in this study were supported in part by grants from the Kentucky Oral History Commission. (To the extent that historical research and the delivery of social services coincide, it is a particularly fitting use for scarce public funds.) In addition, the two corporations studied each provided matching grant funds. On oral history and gerontology, see Carl Ryant, "Comment: Oral History and Gerontology," Gerontologist, 21 (February 1981), pp. 104-05. For a somewhat different approach, see Willa Baum, "Therapeutic Value of Oral History," International Journal of Aging and Human Development, 12 (1, 1980-81), pp. 49-53, an adaptation of remarks made at the Annual Meeting of the Gerontological Society, November 1977. See also, Carl Ryant; reviews of Eva J. Salber, Don't Send Me Flowers When I'm Dead: Voices of Rural Elderly (Durham, N.C.: Duke University Press, 1983) and Audrey Olsen Faulkner, Marsel A. Heisel, Wendell Holbrook, and Shirley Geismar, When I Was Comin' Up: An Oral History of Aged Blacks (Hamden, Ct.: Archon Books, 1982), Gerontologist, forthcoming.

2. The author has conducted a study, in cooperation with the University of Louisville Gerontology Center, funded through them by a grant from the Administration on Aging. This project consisted of both structured and unstructured oral history interviews of a pilot sample of eleven people. Their lives were reviewed, including attitudes and experiences involving the aging process. The work was done in a senior citizen's home in conjunction with its staff. There were preinterview and postinterview conferences, an analysis of background materials including health status, and preinterview testing (regarding attitudes toward oral history and aging) and postinterview testing (parallel to the preinterview testing with the addition of a standardized locus of control test). See the various works of Robert N. Butler, such as "The Life Review: An Interpretation of Reminiscence in the Aged," Psychiatry, 26 (February 1963), 65-76. See also Robert Menninger, "Some Psychological Factors Involved in Oral History Interviewing," Oral History Review, 3 (1975), pp. 68-75.

3. See, for example, the comments on types of oral history in the Introduction of James Bennett, Oral History and Delinquency: The Rhetoric of Criminology (Chicago: University of Chicago Press, 1981).

4. See John A. Neuenschwander, "Remembrance of Things Past: Oral Historians and Long-Term Memory," Oral History Review, 6 (1978), 49.